

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
11308-5463

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2		1					52					
3							53					
4		2					54					
5							55					
6		1					56					
7							57					
8		1					58					
9							59					
10		1					60					
11		4					61					
12							62					
13		1					63					
14				1			64					
15					1		65					
16						1	66					
17						1	67					
18						1	68					
19			1				69					
20				1			70					
21					1		71					
22					1		72					
23						1	73					
24					1		74					
25						1	75					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					